

ALABAMA CCBHC READINESS

PROVIDER COMMUNITY NEEDS ASSESSMENT TEMPLATE

Updated June 26, 2025

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****Content adopted from CINCINNATUS (prepared by Tudy Ohnsorg, MPH) and the Minnesota Department of Human Services, Mental Health Division**

PUBLIC DATA

Please type in the information requested below shaded boxes. This will form the basis of your CMHC Community Needs Assessment. Note: A separate Community Needs Assessment will need to be completed for each county in your service area that you want considered for CCBHC state certification. **Please do not leave any area of your document blank**

Demographics of CMHC Service Area

Complete separate demographic tables for each county in your service area.

Population Density

County Population:		Where to Find the Information
Total Population:		https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map). Select Population in List on right. Look at information in Table 1.
Population Density: (People per square mile excluding waters)		

Describe the physical boundaries (i.e., what lies along the boundaries, rural, urban, etc.) and size of your service area, including identification of sites where services are delivered. How does geography impact access to care?

Age Groupings

Age	Count	Percent	Where to Find the Information
Senior: 65+			https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map). Select Age and Sex in List on right. Look at information in Table 2. Detailed Age and Sex
Older Adult: 40 - 64			
Young Adult: 22 - 39			
College: 18 – 21			
Children: 0 - 17			

Family Household Types with Children Under age 18

Category	Count	Percent	Where to Find the Information
Married			https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map). Select Household Types in List on right.
Single Moms			
Single Dads			

Category	Count	Percent	Where to Find the Information
			Look at information in Table 2. Family Household Types

Race and Ethnicity

Race and Ethnicity	Count	Percent	Where to Find the Information
White			https://statisticalatlas.com/state/alabama/overview Race and Ethnicity
Hispanic			
Black			
Asian			
Mixed			
Other			

Country of Birth

Country of Birth	Count	Percent	Where to Find the Information
Mexico			https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map).
Guatemala			
India			
Cambodia			
Philippines			
Ukraine			
Germany			
Panama			
China			
Korea			

Language Spoken Among Population Age 5 Years and Older

Language	Count	Percent	Where to Find the Information
English			https://apps.mla.org/map_data Go to website and select specific state tab. In Language by State (top right) select Most Spoken Languages for most recent year. Then select county (middle left) and click "Show Results" in that section.
All languages other than English combined			
Spanish			
French			
German			
Hebrew			
Japanese			
Other and unspecified language			
Italian			
Vietnamese			
Greek			
Other specified North American Indian language			

Social Determinants of Health Data

Employment Status of County Population Aged 25 to 64 Years Old

Category	Count	Percent	Where to Find the Information
Armed Forces			https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map). Select Employment in List on right. Look at information in Table 1. Employment Status
Employed			
Unemployed			
Not in the labor force			

Highest Level of Education Among People Aged 25 Years and Older

Category	Count	Percent	Where to Find the Information
Higher Degree			https://statisticalatlas.com/state/Alabama/Overview Go to website and select counties (above map) Select specific county (below map). Select Educational Attainment in List on right. Look at information in Table 1. Educational Attainment
H.S. Diploma			
No H.S. Diploma			

Income and Poverty

Household Income		Dollars	Where to Find the Information
Median household income (2018 dollars)			https://statisticalatlas.com/state/Alabama/Overview Go to website and select specific county from list. Select Household Income.
Food Stamps	Count	Percent	Where to Find the Information
Percent households			Go to website and select specific county from list. Select Food Stamps

Cost-Burdened Households

Cost-Burdened Households	Count	Percent	Where to Find the Information
Cost-burdened renter households			ACS 5-Year Estimated Detailed Tables data.census.gov/table Alabama, [Counties] Table Name(s): B25070 Rent, B2510 Mortgage
<\$20K			
\$20K-<\$50K			

Health Coverage

Health Coverage	Count	Percent	Where to Find the Information
Population under 19 without insurance coverage			ACS 5-Year Estimated Detailed Tables data.census.gov/table Alabama, [Counties] Table Name(s): Health Insurance B18135
Population between 20 and 64 without insurance coverage			

Disability Status

Disability Status	Count	Percent	Where to Find the Information
Population with a disability			ACS 5-Year Estimated Detailed Tables data.census.gov/table Alabama, [Counties] Table Name(s): Disability Characteristics S1810

Special Populations Data

Veterans

Item	Number	Where to Find the Information
Number of veterans		ACS 5-Year Estimated Detailed Tables data.census.gov/table Alabama, [Counties] Table Name(s): Veteran Status S2101

Medically Underserved

Service Area Name	Discipline	Index Score	Where to Find the Information
			https://data.hrsa.gov/tools/shortage-area/mua-find Use filters to select county. Add more rows as needed.

Mental Health Prevalence Data

Provide mental health prevalence data relating to needs of service area. Include rates such as suicide and overdose

Mental Health Prevalence	Count	Percent	Where to Find the Information
Suicide			See data sources in guidance document
Overdose (any drug)			
Overdose (opioid)			

Mental Health Professional Shortage Areas

Are there HRSA/HPSA mental health professional shortage areas within your service area?		Where to Find the Information
If yes, please describe these shortage areas below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	https://data.hrsa.gov/tools/shortage-area/hpsa-find Apply filters to select your county and services.
Low Income Population Federally Qualified Health Center		

Frequent Mental Distress

Item	Percent	Where to Find the Information
Percent of adults reporting 14 or more days of poor mental health per month		https://www.countyhealthrankings.org/explore-health-rankings/alabama?year=2023 Select metric and county

Substance Use Data: Students

Student Reporting Any Use of Alcohol in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Having 5 or More Drinks in a Row in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Smoking a Cigarette in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Vaping in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		

Item	Percent	Where to Find the Information
9 th Grade		
All Grades		

Student Reporting Any Use of Marijuana in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of Fentanyl in Past 30 Days

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of Methamphetamine in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of MDMA/Ecstasy in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of Crack/Cocaine in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of LSD, PCP, or Other Psychedelics in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use of Heroin in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Student Reporting Any Use Prescription Pain Relievers Not Prescribed for Them in Past 12 Months

Item	Percent	Where to Find the Information
11 th Grade		See data sources in guidance document
8 th Grade		
9 th Grade		
All Grades		

Substance Use: Adults

Percent of Admissions to Treatment Facilities for Alcohol Use

Item	Count	Percent	Where to Find the Information
Alcohol			Refer to intake histories

Percent of Admissions to Treatment Facilities for Drug Use

Item	Count	Percent	Where to Find the Information
Marijuana			See data sources in guidance document
Methamphetamines			
Opioids			
Sedatives, hypnotics, and anxiolytics			
Other substances			
Amphetamines (other than			

Item	Count	Percent	Where to Find the Information
methamphetamines) and stimulants			
Crack/cocaine			
Hallucinogens, phencyclidine, inhalants, and all other			

CLINIC-SPECIFIC DATA

Unmet Needs of Service Area

Unmet Needs Related to Outpatient Clinical Services Currently Provided by CMHC

<p>Required Services</p> <p>The CMHC will deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through a DCO.</p>	<p>For each type of service, please indicate the UNMET need relevant to the following:</p> <ul style="list-style-type: none"> • Limits to staffing: <ul style="list-style-type: none"> ○ Is the staff (clinical and non-clinical) appropriate for serving the consumer population (including unserved consumers in the service area) in terms of size and composition and service providers? ○ Does training address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration? ○ Does the CMHC take reasonable steps to provide meaningful access to individuals with Limited-English-Proficiency (LEP) or with language-based-disabilities? • Limits to Access and Availability of Outpatient Clinical Services <ul style="list-style-type: none"> ○ Indicate where (and which) services are not available throughout the service area <ul style="list-style-type: none"> ▪ Geographic limitations: services that are not offered in some parts of the service area. ▪ Time limitations: services that are not offered some nights and weekends. • Limits to Populations Served <ul style="list-style-type: none"> ○ Please identify specific populations that you would like to offer services to that you currently do not because of barriers and limitations. <p>Use as much space as you need for your description. Please indicate where there may be UNMET needs, both for consumers and non-consumers in the service area.</p>
<p>1 Crisis Services:</p> <ul style="list-style-type: none"> • Emergency crisis intervention service • 24-hour mobile crisis teams • Crisis receiving/stabilization • 988 Suicide Crisis Lifeline 	

<p>Required Services</p> <p>The CMHC will deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through a DCO.</p>	<p>For each type of service, please indicate the UNMET need relevant to the following:</p> <ul style="list-style-type: none"> • Limits to staffing: <ul style="list-style-type: none"> ○ Is the staff (clinical and non-clinical) appropriate for serving the consumer population (including unserved consumers in the service area) in terms of size and composition and service providers? ○ Does training address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration? ○ Does the CMHC take reasonable steps to provide meaningful access to individuals with Limited-English-Proficiency (LEP) or with language-based-disabilities? • Limits to Access and Availability of Outpatient Clinical Services <ul style="list-style-type: none"> ○ Indicate where (and which) services are not available throughout the service area <ul style="list-style-type: none"> ▪ Geographic limitations: services that are not offered in some parts of the service area. ▪ Time limitations: services that are not offered some nights and weekends. • Limits to Populations Served <ul style="list-style-type: none"> ○ Please identify specific populations that you would like to offer services to that you currently do not because of barriers and limitations. <p>Use as much space as you need for your description. Please indicate where there may be UNMET needs, both for consumers and non-consumers in the service area.</p>
<p>2. Screening & Assessment</p> <ul style="list-style-type: none"> • Screening • Assessment • Diagnosis • Risk Assessment 	
<p>3. Person-Centered and Family-Centered Treatment Planning</p>	
<p>4. Outpatient Mental Health & Substance Use Services</p>	

<p>Required Services</p> <p>The CMHC will deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through a DCO.</p>	<p>For each type of service, please indicate the UNMET need relevant to the following:</p> <ul style="list-style-type: none"> • Limits to staffing: <ul style="list-style-type: none"> ○ Is the staff (clinical and non-clinical) appropriate for serving the consumer population (including unserved consumers in the service area) in terms of size and composition and service providers? ○ Does training address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration? ○ Does the CMHC take reasonable steps to provide meaningful access to individuals with Limited-English-Proficiency (LEP) or with language-based-disabilities? • Limits to Access and Availability of Outpatient Clinical Services <ul style="list-style-type: none"> ○ Indicate where (and which) services are not available throughout the service area <ul style="list-style-type: none"> ▪ Geographic limitations: services that are not offered in some parts of the service area. ▪ Time limitations: services that are not offered some nights and weekends. • Limits to Populations Served <ul style="list-style-type: none"> ○ Please identify specific populations that you would like to offer services to that you currently do not because of barriers and limitations. <p>Use as much space as you need for your description. Please indicate where there may be UNMET needs, both for consumers and non-consumers in the service area.</p>
<p>5. Primary Care Screening and Monitoring</p>	
<p>6. Targeted Case Management Services</p>	
<p>7. Psychiatric Rehabilitation Services</p>	

<p>Required Services</p> <p>The CMHC will deliver directly the majority (51% or more) of encounters across the required services (excluding Crisis Services) rather than through a DCO.</p>	<p>For each type of service, please indicate the UNMET need relevant to the following:</p> <ul style="list-style-type: none"> • Limits to staffing: <ul style="list-style-type: none"> ○ Is the staff (clinical and non-clinical) appropriate for serving the consumer population (including unserved consumers in the service area) in terms of size and composition and service providers? ○ Does training address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration? ○ Does the CMHC take reasonable steps to provide meaningful access to individuals with Limited-English-Proficiency (LEP) or with language-based-disabilities? • Limits to Access and Availability of Outpatient Clinical Services <ul style="list-style-type: none"> ○ Indicate where (and which) services are not available throughout the service area <ul style="list-style-type: none"> ▪ Geographic limitations: services that are not offered in some parts of the service area. ▪ Time limitations: services that are not offered some nights and weekends. • Limits to Populations Served <ul style="list-style-type: none"> ○ Please identify specific populations that you would like to offer services to that you currently do not because of barriers and limitations. <p>Use as much space as you need for your description. Please indicate where there may be UNMET needs, both for consumers and non-consumers in the service area.</p>
<p>8. Peer Supports and Family/Caregiver Supports</p>	
<p>9. Community Care for Uniformed Service Members and Veterans</p>	

Evidence-Based Practices

Evidence-Based Practices currently provided by CMHC

Check the box to indicate which Model Practices are provided by the CMHC. Provide detail about staff training related to each model practice. The development of rates will be tied, in part, to the ability of the CMHC to provide model practices.								
Evidence-Based Practices	Currently Provided by Age				Provided by Diagnostic Group			Please describe the Model Practices provided in the space below for each service category. Include the Percentage of Staff Trained in each modality. Use as much space as needed.
	0-17	18-21	22-64	65+	SED Child/Adolescent	SMI Adults	SUD	
Motivational Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive Behavioral Therapy (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dialectical Behavior Therapy (DBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeking Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assertive Community Treatment (ACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forensic Assertive Community Treatment (FACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-acting injectable medications to treat both mental and substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multi-Systemic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive Behavioral Therapy for psychosis (CBTp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High-Fidelity Wraparound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check the box to indicate which Model Practices are provided by the CMHC. Provide detail about staff training related to each model practice. The development of rates will be tied, in part, to the ability of the CMHC to provide model practices.

Parent Management Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Service Delivery and Care Coordination

Service delivery for Behavioral Health Services by CMHC

Care Coordination Activities	
Connections with other providers and systems that ensures seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.	For each service area, please describe your care coordination activities in the spaces below. Please indicate where the CMHC has agreements/partnerships with such other community or regional services, supports, and providers. Indicate where services could be offered but are currently not due to limitations.
• Schools	
• Child welfare agencies	
• Juvenile and criminal justice agencies and facilities drug, mental health, veterans, and other specialty courts.	
• Indian Health Service youth regional treatment centers	
• State licensed and nationally accredited child placing agencies for therapeutic foster care services	
• Other social and human services	
• The nearest VA medical center, clinic, drop-in center, or other facility	
Services provided outside of the office setting (non-four walls)	
Crisis services are received in 3-Hours	
Certified Peer Specialists are available: <ul style="list-style-type: none"> • For adults • For children/families • On Crisis Teams 	
Other service model characteristics (if any)	

Care Coordination Agreements

CCBHC Nine Core Services

Care Coordination Activities	
Connections with other providers and systems that ensures seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs.	Of the CCBHC required services, please indicate your current capacity and readiness to provide the following services at your location. If you are not currently providing all of the services, indicate below and provide your intention to collaborate with other agencies to meet the CCBHC core services requirement.
Crisis Services	
Screening, Diagnosis & Risk Assessment	
Psychiatric Rehabilitation Services	
Outpatient Primary Care Screening & Monitoring	
Targeted Case Management	
Peer, Family Support & Counselor Services	
Community-Based Mental Health Care for Veterans	
Person- & Family-Centered Treatment Planning	
Outpatient Mental Health & Substance Use Services	

Note: A care coordination agreement is an arrangement between the CCBHC and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.

Special Populations

Special Populations currently served by CMHC

Check the box to indicate the special populations that are being served by the CMHC. In the narrative, please specify and quantify these populations.								
Special Populations	Populations (Currently or Will Be) Served by Age				By Diagnostic Group			Service Description Which treatment modalities and evidence-based practices could be used to meet the needs of special populations?
	0-17	18-21	22-64	65+	SED Child/Adolescent	SMI Adults	SUD	
Members of the armed forces and veterans and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incarcerated individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People in homeless shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People living on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aging and Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People in foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
People in other congregate living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals with physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals with intellectual disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals who are deaf or hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals with sensory disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individuals served by other social and human services (i.e., domestic violence centers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Racial and Ethnic Populations

Racial and Ethnic Populations currently served by CMHC

Check the box to indicate the racial populations that are being served by the CMHC. In the narrative, please specify and quantify these populations.								
Racial and Ethnic Populations	Populations (Currently or Will Be) Served by Age				By Diagnostic Group			Service Description Which treatment modalities and evidence-based practices could be used to meet the needs of racial and ethnic populations?
	0-17	18-21	22-64	65+	SED Child/Adolescent	SMI Adults	SUD	
People with limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Indians, tribal groups, and nations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other specific racial and ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other cultural-needs populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Questions

Additional questions about your CMHC

- Is your organization the mental health authority in the CMHC service area? Please select one option:
 - ☐ Yes
 - ☐ No, but a designated collaborating organization is the mental health authority
 - ☐ No, and we do not plan to partner with the mental health authority
 - ☐ No, but we work closely with the counties who are the legally designated mental health authority.
 - ☐ Other. Please describe.

- Is there other information you would like to provide about SUD diagnostic subgroups or individuals you currently serve?

- Is there other information you would like to provide about SMI Adult diagnostic subgroups of individuals you currently serve?

4. Is there other information you would like to provide about SED-Children/Adolescents diagnostic subgroups of individuals you currently serve?
-
5. Is there other information you would like to provide about SUD diagnostic subgroups or individuals in your area who need services but are not currently served?
-
6. Is there other information you would like to provide about SMI Adult diagnostic subgroups of individuals in your area who need services but are not currently served?
-
7. Is there other information you would like to provide about SED-Children/ diagnostic subgroups of individuals in your area who need services but are not currently served?
-
8. Have you recently surveyed (survey, focus group, etc.) your clients and/or your service area regarding their stated needs?
- a. ☐ Yes. If so, please send the summary information from those surveys along with this Needs Assessment document.
- b. ☐ No.
9. Does the agency experience workforce issues in recruiting and retaining qualified staff in the required CMHC service areas? Please comment below.
-
10. What screenings are being done routinely when someone presents for services? Examples could be SUD, brain injury, history of trauma, depression/anxiety, other. Are these screenings repeated routinely?
-
11. What primary care screening and monitoring of key health indicators and health risks is occurring currently? What other screenings do you feel is necessary for your consumer population?
-
12. Please list populations that you identify as needing Targeted Case Management services,
-
13. Have you recently surveyed (survey, focus group, etc.) your service area regarding their needs?
- a. ☐ Yes. If so, please send the summary information from those surveys along with this Needs Assessment document.
- b. ☐ No.
14. Does the agency have a psychiatrist who functions as the medical director?
- a. ☐ Yes. If so, please describe their role.
- b. ☐ No.

15. What accountability measures are in place to ensure staff provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs?

16. Please identify any Tribal affiliations and/or collaborations for your organization or for providers within your organization.

17. Please identify the relationships with community providers. What is the level of engagement with these providers?

18. What are your organizational strengths as a provider?

19. What steps are you taking to ensure Plain Language (to remove/explain acronyms, simplify requests for information, etc.) in documents for clients?

20. What are your technology needs or concerns?

Barriers for Special Populations and Access to Care

21. What barriers exist in the community and in the clinic that prevent the people in special populations from receiving services?

22. What barriers exist to culturally and linguistically competent care such as: systems of care not designed for diverse populations, poor communication, fear and mistrust, stigma, or lack of diversity in the clinic's work force?

23. What languages and cultures are represented in the local community and not present in the clinic in terms of staff representing those populations, printed materials interpreters and interior that also address limited English proficiency and or other communication needs?

24. What barriers exist in the community and in the clinic that prevent behavioral health services for members of the U.S. Armed Forces and Veterans?

25. What barriers exist in the community and in the clinic that prevent behavioral health services for deaf and hard of hearing individuals?

26. What governance structures at the prospective CCBHC prevent the communities identified as special populations from receiving services in the clinic?

27. What are the transportation needs of the communities identified as special populations?

28. What does transportation look like? What are the transportation resources (vouchers, etc.)?

29. What are the education needs of students, specifically as it relates to special education?

30. What are the demographics of the LGBTQ+ individuals in your community? What are the supports?

31. What are your technology needs or concerns as related to becoming a CCBHC?

32. Are Interpreter (i.e., translation, American Sign Language) services offered at your agency? If so, please describe.

33. What are the current times/days that services are available through the organization? What additional times and days are needed to meet the needs of the communities identified as special populations?

34. What are the care coordination needs of the communities identified as special populations?

35. Which external organizations currently exist in the community that are meeting the needs of the communities identified as special populations?

36. In what ways do you partner with the community to design, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness?

37. How could the prospective CCBHC develop care coordination agreements or partnerships with existing external providers? How could those organizations provide referrals to the prospective CMHC?

38. What are the identified gaps in service to meet the needs of the community within the communities identified as special populations?

39. What are the critical gaps preventing individuals from gaining access to services? What is your possible plan to address this? Which are essential to changing? (This is different from listing the gaps in service in the previous question.)

40. What services need to be added to the clinic? Or how does the intensity, frequency or duration of existing services need to change to meet the needs of the communities identified as special populations?

41. Which treatment modalities and evidence-based practices will the clinic commit to offering (including Motivational Interviewing, Cognitive Behavior Therapy and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

42. How will your staffing plan address your community needs findings?

43. What training needs that surfaced in the Needs Assessment will be in the training plan?

44. What is needed in order to provide culturally and linguistically competent care, including for those with sight, hearing, or cognitive impairments?

45. How will these unmet needs and barriers to service influence location choices, hours of operation, and the overall look and feel of the public areas of the clinic?

46. What needs must be met to advance and sustain organizational governance and leadership that promotes health equity through policy, practices, and allocated resources?

47. Describe your plans to update the community needs assessment at minimum every three years?

Prospective Payment Questions:

48. What service offerings are currently operating at a loss through the FFS payment model?

49. Which positions within your agency are primarily grant funded?

50. Please list positions that could benefit from PPS structure (i.e., school liaison, criminal justice liaison, suicide coordinator)?

51. In regard to school-aged justice involved youth, please provide confirmation that you have spoken with the appropriate stakeholders (i.e., schools, DHR, jails, courts, etc.) in your communities about services for these individuals.

52. Are there any programs/services (i.e., Substance Use Prevention Programs, Stepping Up, Juvenile Justice, School-based Mental Health, Women's Specialty Services, Infant & Early Childhood Mental Health Consultation programs, etc.) that your CMHC currently offer that **is not** Medicaid reimbursable? If so, please list.

53. Identify other services currently not reimbursed by Medicaid that your consumer population could benefit from.

54. Identify any ancillary service (i.e., housing supports, welfare services) that would be necessary to providing the service(s) identified above.

Please send completed assessment to: ccbhc.dmh@mh.alabama.gov
by Monday, July 31, 2023.